



IFW

17249CIPDIX

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Kenneth E. Kadziauskas et al.

Serial No: 10/690,203

Filed: October 20, 2003

For: PHACO THERMAL CONTROL
APPARATUS AND METHOD

Art Unit: 3762

Examiner: Patricia Bianco

PRELIMINARY AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to substantive examination in the present divisional application, it is respectfully requested that the following be entered in the present application.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication to Deposit Account No. 502317.

11/08/2005 EAYALEW1 00000007 502317 10690203

01 FC:1201 1400.00 DA
02 FC:1202 800.00 DA

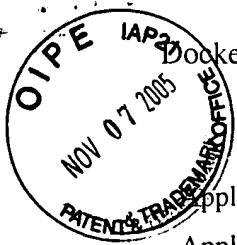
Dated: 11/4/05

Respectfully submitted,

Advanced Medical Optics

By:

David Weber
Registration No. 51,149
Agent of Record
Customer No. 33357
(714) 247-8232



Docket No. 17249CIPDIV

Customer No. 33,357

AMENDMENT/RESPONSE TRANSMITTAL

Applicants : Kenneth E. Kadziauskas et al.
Appl. No. : 10/690,203
Filed : October 20, 2003
For : PHACO THERMAL
CONTROL APPARATUS
AND METHOD
Examiner : Unknown
Group Art Unit : 3763

CERTIFIED MAIL

I hereby certify that on November 4, 2005, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Preliminary Amendment in 5 pages.
(X) Postage-paid return postcard

Filing Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Basic Utility		1001 (\$300)		Paid
Search Fee		1111 (\$500)		Paid
Examination Fee		1311 (\$200)		Paid
Total Claims	36 - 20 =	1202 (\$50)	16 x 50 =	\$ 800
Independent Claims	10 - 3 =	1201 (\$200)	7 x 200 =	\$1400
TOTAL FEE DUE				\$ 2200

Method of Payment of Fees

Charge Account No. 502317 in the amount of \$2200.00.

Authorization to Charge Additional Fees

Commissioner is hereby authorized to charge any fees, late fees, or surcharges by this paper and during the entire pendency of this application under 37 C.F.R. 1.16 and 1.17 to Account No. 502317.

Respectfully Submitted,

David Weber
Registration No. 51,149
Agent of Record
Customer No. 33357
(714) 247-8232

Date: November 4, 2005